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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/362,521
	Filing Date	07/28/1999
	First Named Inventor	Li
	Group Art Unit	2142
	Examiner Name	Prieto
Total Number of Pages in This Submission	Attorney Docket Number	10360/027001 120-112

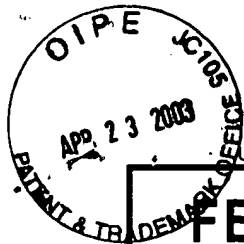
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Firm or Individual name	Lindsay McGuinness, Reg. No. 38,549 Steubing McGuinness & Manaras LLP
Signature	<i>Lindsay McGuinness</i>
Date	April 17, 2003

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PTO/SB/17 (10-02)

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FREE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known		RECEIVED APR 24 2003 Technology Center 2100
		Application Number	09/362521	
		Filing Date	07/28/1999	
		First Named Inventor	Li	
		Examiner Name	Prieto	
		Art Unit	2142	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.	10360/027001 120-112	
TOTAL AMOUNT OF PAYMENT		(\$) 320.00		

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
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FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	760	2001	380	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	760	2004	380	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			
2. EXTRA CLAIM FEES FOR PRELIMINARY AMN					
		Extra Claims	Fee from below	Fee Paid	
Total Claims	-56**=	0	18.00	= 0	
Independent Claims	-6**=		84.00	=	
Multiple Dependent				=	
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			
** or number previously paid, if greater; For Reissues, see above					
				Other fee (specify)	
				*Reduced by Basic Filing Fee Paid	
				SUBTOTAL (3)	
				(\$) 320.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lindsay G. McGuinness	Registration No. (Attorney/Agent)	38,549
Signature	<i>Lindsay G. McGuinness</i>	Telephone	978-264-6664
		Date	4/11/2003

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